

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pascual, Marissa G.	CHAPTER 100.1
Address: 45-220 Namoku Street, Kaneohe, Hawaii 96744	Inspection Date: March 13, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, Order reads, "Lisinopril 40 mg 1 QD. Hold SBP < 110." Initial found in the medication administration record (MAR) for made available. No evidence of "W" in the MAR to indicate medication was withheld as follows:</p> <ol style="list-style-type: none"> 1. On 07/01/18, SBP reads 108, MAR initialed 2. On 07/15/18, SBP reads 103, MAR initialed 3. On 09/15/18, SBP reads 108, MAR initialed 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, Order reads, “Lisinopril 40 mg 1 QD. Hold SBP < 110.” Initial found in the medication administration record (MAR) for made available. No evidence of “W” in the MAR to indicate medication was withheld as follows:</p> <ol style="list-style-type: none"> 1. On 07/01/18, SBP reads 108, MAR initialed 2. On 07/15/18, SBP reads 103, MAR initialed 3. On 09/15/18, SBP reads 108, MAR initialed 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #1, inventory of personal possessions dated 6/29/16. No updates available to maintain an inventory.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #1, inventory of personal possessions dated 6/29/16. No updates available to maintain an inventory.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____